

Six-team IGPL set for 2026 debut; Yuvraj Singh named co-owner and ambassador

GURUGRAM: Former India all-rounder Yuvraj Singh was on Tuesday announced as co-owner and brand ambassador of the much-anticipated Indian Golf Premier League (IGPL), which will feature six teams competing for the inaugural title next year.

The city-based franchise league, set to include six teams with a unique format where male and female professional golfers play together, will be held over four weeks in January-February next year, organisers said at an event here.

"The league is going to be a four-week golfing extravaganza based on a franchise format," Manav Jaini, head of Bharat Golf Private Limited, the league organisers, told reporters.

"In the first year, we're starting with six franchises. There will be a home-and-away concept for the first three weeks, culminating in the grand finale.

"At the grand finale, along with golf, our ambassador Mr. Yuvraj Singh will be present, and we're planning a 'YUVICAN' event that week as well. The finale week will be the showstopper of Indian golf."

Though Yuvraj was not present at the event, he expressed his excitement in a press release.

"It is a matter of great excitement to join the IGPL team and have the opportu-



nity to promote this incredible sport in a fresh avatar," Yuvraj said.

"Despite being one of the most popular sports globally, golf is still considered niche in India. A fast-paced and quick format is exactly what is needed to expand its reach to more audiences and athletes, and make golf more spectator-friendly.

"The tournament will also aid in grooming Indian golfers and provide them with more development opportunities. We are confident IGPL will popularise the sport among the masses in India, while providing a platform for golfers to build their skills and compete."

The league will feature Indian golf icons such as Shiv Kapur, Gaganjeet Bhullar, Gaurav Ghei, Jyoti Randhawa, Jeev Milkha Singh, and SSP Chawrasia.

"I think the tie-up with the Indian Golf Union (IGU) is very special. Young players from the amateur circuit will get a chance to play alongside us. This ex-

perience will be invaluable," said multiple Asian Tour winner Gaganjeet Bhullar.

"Today, I met Karatik Singh — a promising youngster. Players like him will benefit greatly from the exposure, competition, and mentorship this league offers."

The player pool is expected to include about 60 players, with each team comprising 10 players drawn from IGPL professionals, the Women's Golf Association of India (WGAI) tour, and leading amateurs from the IGU.

Within days of the announcement, over 30 golfers have already signed on for the tour and league events.

The IGPL will kick off a 10-week new golf tour starting in September this year, followed by franchise announcements in October-November.

"Our primary focus is on Delhi, Ahmedabad, Bengaluru, Kolkata, and Mumbai — six major cities. However,

this will also depend on locations chosen by franchise owners," Jaini said.

"By the end of November, we plan to hold a strategic player auction. Each team will have a notional budget to strategically build the strongest possible squad.

"For the first three years, all players will be contracted by us and included in the franchise packages."

During the city golf tour, players will compete in a no-cut, three-day stroke play format, while the league matches will have two daily segments: morning 'Turf Wars' (9-hole match play) and evening 'X-Golf' (a relay format with four players assigned as driver, fairway, approach, and putter).

IGPL's strategic player auction and 10-week tour leading up to the league will offer guaranteed prize money and no-cut events to support players.

Despite not reaching an agreement with the existing Professional Golf Tour of India (PGTI), IGPL sees itself as a complementary platform aimed at creating more opportunities, especially for young Indian golfers, and fostering growth of the sport.

"All players are contracted through IGPL. However, each week we will have six open invitations that can be extended to any interested players," Jaini said.

Ravindra Jadeja was hoping against hope, the real star was Jasprit Bumrah: Sanjay Manjrekar

NEW DELHI: Former India batter Sanjay Manjrekar believes that KL Rahul's form in the Test series against England stands out as the biggest positive for the visitors so far. Rahul has scored 375 runs in six innings during the series, including two centuries and a half-century, underlining his consistency at the top of the order."The biggest satisfaction I've had - as an analyst and a former cricketer - has come from watching KL Rahul. He has always had the game. Yes, there were grey areas in his technique, but he worked on those and resolved them. What was missing was consistency. On one of our shows, we even jokingly gave him the title of 'Mr. Consistent KL Rahul' - but it's taken him a long time to truly earn that tag.

"He has now played over 50 Test matches for India, and what I'm seeing now is close to perfection - there are no visible weaknesses. For the first time in an overseas series, he has scored more than 200 runs. That, for me, is a massive takeaway for India," Manjrekar said on JioHotstar.Reflecting on India's narrow 22-run loss at Lord's, Manjrekar also spoke about the crucial ninth-wicket partnership between Ravindra Jadeja and Jasprit Bumrah that gave India hope on the final day.



He was playing a waiting game and hoping against hope. The real star in that partnership, though, was Jasprit Bumrah. He stayed out there for one hour and 40 minutes against high-quality fast bowling, facing bouncers, and it was remarkable to see how his net sessions with the bat finally paid off. The mental toughness we see in his bowling came through in his batting too, and that was truly special," he said.

Manjrekar also praised Jadeja's improved temperament and technique with the bat, pointing to his evolution as a dependable lower-order batter."It's heartening to see how much Jadeja trusts his defence these days. He plays long innings now, patient and with time on his side.

The 70 runs he scored in the first innings were not a quick-fire 70 - he batted for four hours. And on this pitch, scoring 50 felt like batting for 50 hours. But if you look at that moment when Jadeja brought up his half-century, the visuals from the Lord's balcony did not look too positive. The energy from the dressing room said it all, it felt like the team knew that winning would be very difficult. Jadeja was trying, no doubt, but given the pitch, the conditions, and India's scoring rate, the chase looked beyond reach," Manjrekar added on Jadeja's gritty knock.

He also lauded Bumrah's adaptability and game awareness across both innings, saying the fast bowler continues to add

to his legacy in different ways."In the first innings, Bumrah showed just how great a bowler he is. This was the kind of pitch where he could not really display his full range, so he bowled patiently and waited for opportunities. And when the moment came - in the latter half of the innings - he was ready. He picked up five wickets in the first innings on a surface that did not offer much assistance. Then, when Washington Sundar took four key wickets and India needed to wrap up England quickly, Bumrah stepped in again and delivered. That yorker to dismiss Brydon Carse is still fresh in the mind. Showing his greatness in different ways - that has become Bumrah's legacy," the former batter said.

King Charles III interacts with India's men and women cricket team players

NEW DELHI: Britain's King Charles III sympathised with India's devastated cricket heroes on Tuesday (July 15) following their agonising loss to England at the Lord's. Charles comforted the Indian team members when he invited them to his Clarence House residence less than 24 hours after the third Test ended in an agonising defeat for the visitors. India, in pursuit of 193 for the win, were defeated by 22 runs in the final hour of the fourth day. India's Mohammed Siraj was last to fall when he tried to defend a ball from Shoaib Bashir, just to have the ball spin back onto the stumps and knock over the bail. The King told India captain Shubman Gill he had seen the decisive last wicket slip on TV on Monday. He sympathised in expression regarding the theatrics on



the ball that sent Siraj packing; "really annoying just to touch the balls".

India are 2-1 down in the five-match series, the fourth

Test due next week at Old Trafford before the finale at The Oval. Gill said, "He did say that how our last batsman got out was very

unlucky. The ball traveling down the stumps, and he was just asking us how we were feeling after that. And we said to him that it was

an unlucky match for us, but either way it could have gone, and hopefully we'll be having better luck in both the next matches."

Coming to the match, despite all the struggle put up by Jasprit Bumrah and Mohammed Siraj along with Ravindra Jadeja during the Lord's Test against England, the game ended on a heartbreak with Ben Stokes' side securing a 22-run win to make it 2-1 in the five-match series. Jadeja left everything on the field, and he steered India's recovery in the 193-run pursuit even though the visitors were 112/8 at lunch on the fourth day.

The left-handed bat stayed unbeaten on 61, but in the end could do nothing as Mohammed Siraj lost his wicket to Shoaib Bashir, setting the stage for an unforgettable England win.

This Brain Circuit Might Be Fueling Your Chronic Pain and Fear

Why do some people suffer more than others, even when the pain is the same? Scientists have uncovered a hidden brain circuit that connects the physical experience of pain to its emotional aftermath.

This circuit appears to amplify pain signals, turning brief discomfort into prolonged suffering. It may be the missing link behind conditions like fibromyalgia, migraines, PTSD, and other chronic pain disorders where the distress lingers long after the injury fades.

Pain is more than just a physical feeling. It often comes with emotional distress like anxiety and anguish, which can turn a momentary injury into a lasting struggle.

Now, scientists at the Salk Institute have discovered a specific brain circuit that links physical pain to emotional suffering. This breakthrough could help pave the way for new treatments for chronic and emotionally driven pain conditions such as fibromyalgia, migraines, and post-traumatic stress disorder (PTSD).

The findings, published on July 9, 2025, in Proceedings of the National Academy of Sciences, highlight a group of neurons located in the thalamus, a central brain region. In mouse studies, these neurons appeared to control the emotional side of pain. The discovery challenges the long-standing model of how the brain and body interpret pain.

"For decades, the prevailing view was that the brain processes sensory and emotional aspects of pain through separate pathways," says senior author Sung Han, associate professor and holder of the Pioneer Fund Developmental Chair at Salk. "But there's been debate about whether the sensory pain pathway might also contribute to the emotional side of pain. Our study provides strong evidence that a branch of the sensory pain pathway directly mediates the affective experience of pain."

The sensory part of pain allows you to recognize it, measure how intense it is, and pinpoint where it's coming from. The emotional component is what makes pain feel unpleasant. This discomfort pushes you to respond and helps your brain form negative associations, so you can avoid similar experiences in the future.

This is a critical distinction. Most people start to perceive pain at the same stimulus intensities, meaning we all process the sensory

side of pain fairly similarly. In comparison, our ability to tolerate pain varies greatly. How much we suffer or feel threatened by pain is determined by our affective processing, and if that becomes too sensitive or lasts too long, it can result in a pain disorder. This makes it important to understand which parts of the brain control these different dimensions of pain.

Sensory pain was thought to be mediated by the spinothalamic tract, a pathway that sends pain signals from the spinal cord to the thalamus, which then relays them to sensory processing areas across the brain.

Affective pain was generally thought to be mediated by a second pathway called the spinoparabrachial tract, which sends pain information from the spinal cord into the brainstem.

However, previous studies using older research methods have suggested the circuitry of pain may be more complex. This long-standing debate inspired Han and his team to revisit the question with modern research tools.

Using advanced techniques to manipulate the activity of specific brain cells, the researchers discovered a new spinothalamic pathway in mice. In this circuit, pain signals are sent from the spinal cord into a different part of the thalamus, which has connections to the amygdala, the brain's emotional processing center. This particular group of neurons in the thalamus can be identified by their expression of CGRP

(calcitonin gene-related peptide), a neuropeptide originally discovered in Professor Ronald Evans' lab at Salk.

When the researchers "turned off" (genetically silenced) these CGRP neurons, the mice still reacted to mild pain stimuli, such as heat or pressure, indicating their sensory processing was intact. However, they didn't seem to associate lasting negative feelings with these situations, failing to show any learned fear or avoidance behaviors in future trials. On the other

hand, when these same neurons were "turned on" (optogenetically activated), the mice showed clear signs of distress and learned to avoid that area, even when no pain stimuli had been used.

"Pain processing is not just about nerves detecting pain; it's about the brain deciding how much that pain matters," says first author Sukjae Kang, a senior research associate in Han's lab. "Understanding the biology behind these two distinct processes will help us find treatments for the kinds of pain that don't respond to traditional drugs."

Many chronic pain conditions—such as fibromyalgia and migraine—involve long, intense, unpleasant experiences of pain, often without a clear physical source or injury. Some patients also report extreme sensitivity to ordinary stimuli like light, sound, or touch, which others would not perceive as painful.

Han says overactivation of the CGRP spinothalamic pathway may contribute to these conditions by making the brain misinterpret or overreact to sensory inputs. In fact, transcriptomic analysis of the CGRP neurons showed that they express many of the genes associated with migraine and other pain disorders.

Notably, several CGRP blockers are already being used to treat migraines. This study may help explain why these medications work and could inspire new nonaddictive treatments for affective pain disorders.

Han also sees potential relevance for psychiatric conditions that involve heightened threat perception, such as PTSD.

Growing evidence from his lab suggests that the CGRP affective pain pathway acts as part of the brain's broader alarm system, detecting and responding to not only pain but a wide range of unpleasant sensations. Quieting this pathway with CGRP blockers could offer a new approach to easing fear, avoidance, and hypervigilance in trauma-related disorders.

Google's open MedGemma AI models could transform healthcare

Instead of keeping their new MedGemma AI models locked behind expensive APIs, Google will hand these powerful tools to healthcare developers.

The new arrivals are called MedGemma 27B Multimodal and MedSigLIP and they're part of Google's growing collection of open-source healthcare AI models. What makes these special isn't just their technical prowess, but the fact that hospitals, researchers, and developers can download them, modify them, and run them however they see fit.

The flagship MedGemma 27B model doesn't just read medical text like previous versions did; it can actually "look" at medical images and understand what it's seeing. Whether it's chest X-rays, pathology slides, or patient records potentially spanning months or years, it can process all of this information together, much like a doctor would.

The performance figures are quite impressive. When tested on MedQA, a standard medical knowledge benchmark, the 27B text model scored 87.7%. That puts it within spitting distance of much larger, more expensive models whilst costing about a tenth as much to run. For cash-strapped healthcare systems, that's potentially transformative.

The smaller sibling, MedGemma 4B, might be more modest in size but it's no slouch. Despite being tiny

by modern AI standards, it scored 64.4% on the same tests, making it one of the best performers in its weight class. More importantly, when US board-certified radiologists reviewed chest X-ray reports it had written, they deemed 81% accurate enough to guide actual patient care.

Alongside these generative AI models, Google has released MedSigLIP. At just 400 million parameters, it's practically featherweight compared to today's AI giants, but it's been specifically trained to understand medical images in ways that general-purpose models cannot. This little powerhouse has been fed a diet of chest X-rays, tissue samples, skin condition photos, and eye scans. The result? It can spot patterns and features that matter in medical contexts whilst still handling everyday images perfectly well.

MedSigLIP creates a bridge between images and text. Show it a chest X-ray, and ask it to find similar cases in a database, and it'll understand not just visual similarities but medical significance too.

The proof of any AI tool lies in whether real professionals actually want to use it. Early reports suggest doctors and healthcare companies are excited about what these models can do.

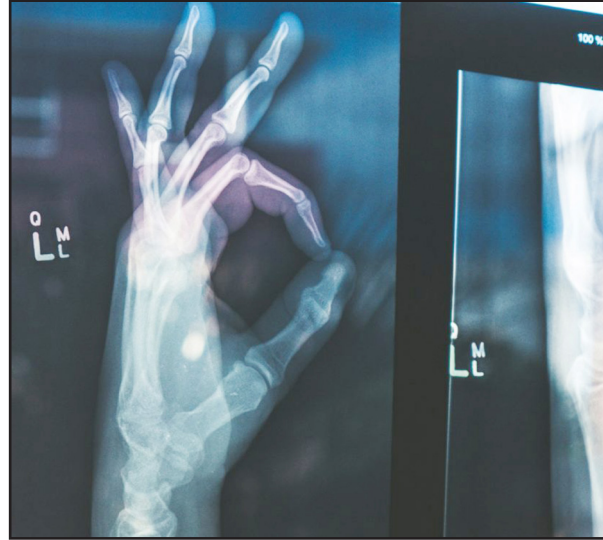
DeepHealth in Massachusetts has been testing MedSigLIP for chest X-ray analysis. They're finding it

helps spot potential problems that might otherwise be missed, acting as a safety net for overworked radiologists. Meanwhile, at Chang Gung Memorial Hospital in Taiwan, researchers have discovered that MedGemma works with traditional Chinese medical texts and answers staff questions with high accuracy.

Tap Health in India has highlighted something crucial about MedGemma's reliability. Unlike general-purpose AI that might hallucinate medical facts, MedGemma seems to understand when clinical context matters. It's the difference between a chatbot that sounds medical and one that actually thinks medically.

Beyond generosity, Google's decision to make these models is also strategic. Healthcare has unique requirements that standard AI services can't always meet. Hospitals need to know their patient data isn't leaving their premises. Research institutions need models that won't suddenly change behaviour without warning. Developers need the freedom to fine-tune for very specific medical tasks.

By open-sourcing the AI models, Google has addressed these concerns with healthcare deployments. A hospital can run MedGemma on their own servers, modify it for their specific needs, and trust that it'll behave consistently over time. For medical applications



where reproducibility is crucial, this stability is invaluable.

However, Google has been careful to emphasise that these models aren't ready to replace doctors. They're tools that require human oversight, clinical correlation, and proper validation before any real-world deployment. The outputs need checking, the recommendations need verifying, and the decisions still rest with qualified medical professionals.

This cautious approach makes sense. Even with impressive benchmark scores, medical AI can still make mistakes, particularly when dealing with unusual cases or edge scenarios. The models excel at processing information and spotting patterns, but they can't replace

the judgment, experience, and ethical responsibility that human doctors bring.

What's exciting about this release isn't just the immediate capabilities, but what it enables. Smaller hospitals that couldn't afford expensive AI services can now access cutting-edge technology. Researchers in developing countries can build specialised tools for local health challenges. Medical schools can teach students using AI that actually understands medicine.

The models are designed to run on single graphics cards, with the smaller versions even adaptable for mobile devices. This accessibility opens doors for point-of-care AI applications in places where high-end computing infrastructure simply doesn't exist.

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